

DISCOUNT FARE FOR PERSONS WITH DISABILITIES FORM

Passengers with disabilities may qualify for a reduced fare on Santa Barbara Metropolitan Transit District buses. Applicants must meet one or more of the criteria shown on the back of this form to qualify. To obtain a special ID card, this form must be completely filled out and signed by an authorized certifying person (for example, a doctor, special education teacher or designated social service agency personnnel). The ID card must be presented to the driver upon boarding.

SECTION 1: TO BE COMPLETED BY APPLICANT

Meets Santa Barbara Metropolitan Transit District eligibility criteria (on back of form) Section # _____

- Request pass type: ☐ **Medicare Card Holder (M)**
Unless an "attendant required" pass is being requested. (Medicare Card holders need only present Medicare Card to obtain pass).
- ☐ **Special Fare (D)**
Applicant has a permanent disability which meets one or more of the MTD eligibility criteria. Attendant care not required.
- ☐ **Temporary (T)**
Applicant has a temporary disability of 90 days or longer duration which meets one or more of the MTD eligibility criteria and will last until _____ / _____ / _____ (minimum 3 months, maximum 1 year from date issued).
- ☐ **Attendant Required (A)**
Applicant's mobility is limited to an extent that an attendant's care is always necessary and is required on public transportation. With this ID, the ID card holder and one attendant may each ride for the reduced fare.
- ☐ **Legally Blind (B)**
Applicant qualified as legally blind in the State of California.

Applicant Name: _____ Last 4 digits of SS# _____

Applicant Address: _____

Telephone: _____ Date of Birth: _____ / _____ / _____

I agree to the release of this information to the Santa Barbara Metropolitan Transit District for the purpose of the discount fare eligibility certification. I understand that this pass may be confiscated if used by anyone other than myself.

Signature of Applicant

Signature of MTD Supervisor

SECTION 2: TO BE COMPLETED BY AUTHORIZED CERTIFYING PERSON

After reviewing the eligibility criteria, I certify that the disabled person named above meets the eligibility criteria set forth in the section number noted above.

Name of certifying person

Signature of certifying person Date

License #

Attach business card here

***Required**

ELIGIBILITY CRITERIA FOR DISCOUNT FARE

PHYSICAL DISABILITIES

SECTION 1 – *Non-ambulatory disabilities*

Persons who use a wheelchair due to a permanent disability.

SECTION 2 – *Mobility Aids*

Persons who walk with difficulty or insecurity, including using a long leg brace, a walker or crutches.

SECTION 3 – *Arthritis*

Persons who suffer arthritis which causes a functional motor deficit in arms or legs.

SECTION 4 – *Amputation*

Persons who suffer amputation of, or anatomical deformity of a hand, foot, arm or leg.

SECTION 5 – *Cerebrovascular Accident*

Including:

- A. Pseudobulbar palsy
- B. Functional motor deficit in any extremities
- C. Ataxia affecting extremities

SECTION 6 – *Pulmonary ills*

Persons suffering respiratory impairment.

- A. Class 3 – Dyspnea does not occur at rest but does occur during the usual activities of daily living.
- B. Dyspnea occurs during such activities as climbing one flight of stairs, walking 100 yards, or at rest.
- C. Dyspnea present in the slightest exertion such as dressing, talking or at rest.

SECTION 7 – *Cardiac ills*

Persons suffering from the following functional and/or therapeutic classifications of cardiac disease; Class III – Cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea or angular pain. Unable to

walk more than one block or climb one flight of ordinary stairs.
Class IV – Unable to do any physical activity without discomfort.
Class C – Physical activity should be moderately restricted and strenuous activities should be discontinued.
Class D – Ordinary physical activity should be markedly restricted.
Class E – Require complete rest, confined to bed or chair.

SECTION 8 – *Dialysis*

Persons who must use a kidney dialysis machine.

SECTION 9 – *Sight Disabilities*

- A. Persons whose vision in the better eye is 20/200 or less.
- B. Persons with tunnel vision.
- C. Persons who are able to provide proof of denial (because of vision impairment) of a State of California drivers license from the DMV.

SECTION 10 – *Hearing Disabilities*

- A. Persons with hearing loss of 70 dba or greater.
- B. Persons who are able to provide proof of denial (because of hearing impairment) of a State of California drivers license from the DMV.

SECTION 11 – *Disabilities of Incoordination*

Persons with faulty coordination or palsy from brain, spinal or peripheral nerve injury. Any person with a functional motor deficit in any two limbs.

DEVELOPMENTAL DISABILITIES

SECTION 12 – *Mental Retardation*

Persons with sub average intellectual functioning which originates during the developmental period or by reasons of illness or accidents.

SECTION 13 – *Cerebral Palsy*

Persons with a disorder from birth or early infancy resulting in paralysis or weakness, or sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorders.

SECTION 14 – *Epilepsy*

- A. Persons with impaired consciousness characterized by grand mal seizures.
- B. Persons who are able to provide proof of denial (because of seizures) of a State of California drivers license from the DMV.

SECTION 15 – *Autism*

Persons with symptoms of withdrawal, inadequate social relationships, exceptional object relationships, language disturbances, inappropriate responses to external stimuli and monotonously repetitive behavior.

SECTION 16 – *Neurological Handicap*

Persons with perceptual and/or behavioral disorders as a result of brain dysfunction, neurological disorder, or any damage to the central nervous system.

MENTALLY DISORDERED DISABILITIES

SECTION 17 – *Emotionally Disturbed*

Persons living in a board and care home or at home under supervision.

AND

Eligible to receive State or Federal financial assistance.

AND

Participating in a State or Federally funded activity center or workshop or receiving services from a State or Federally funded social service agency.